

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

ROLES OF NURSES IN PSYCHIATRIC-MENTAL HEALTH NURSING PRACTICE

Introduction

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Accountability and Responsibility of Nurses

KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Statutory Definition and Policy

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;

- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board; and
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medications in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications;
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(8) defines "advanced registered nursing practice" as:

... The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include, but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to obtain prescriptive authority pursuant to this chapter or any other provision of law in order to deliver anesthesia care. The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing.

Advisory Opinion

The Kentucky Board of Nursing has received numerous inquiries regarding the roles of registered nurses in psychiatric-mental health nursing practice. After review of the statutes governing registered nursing practice, advanced registered nursing practice, licensed practical nursing practice, SCOPE AND STANDARDS OF PSYCHIATRIC-MENTAL HEALTH NURSING PRACTICE¹, (American Nurses' Association, 2000), and the knowledge and skills required to perform psychiatric-mental health nursing functions, the Kentucky Board of Nursing issued the following advisory opinion:

The performance of psychotherapy² (individual, group and family therapies) is within the scope of practice of the registered nurse who is educationally prepared at the masters degree level in psychiatric-mental health nursing³. It is within the scope of practice of the qualified registered nurse who holds such educational preparation to assume independent responsibility for a primary therapist role.

It is within the scope of registered nursing practice for the registered nurse who is not prepared at the master's degree level, to participate and assist in psychotherapy with a qualified primary therapist. The performance of other nursing care functions,

¹ Statement may be obtained from the following organization: American Nurses Association, 8515 Georgia Avenue, Suite 400, Silver Spring, Maryland 20910-3492

² Psychotherapy refers to all generally accepted methods of brief or long-term therapy, specifically including individual therapy (e.g., insight therapy, behavioral therapy, goal or solution-oriented therapy, relationship therapy, cognitive therapy, and play therapy, and other expressive therapies, group therapy, couple/marital therapy, and family therapy. Psychotherapy denotes a formally structured contractual relationship between the therapist and patient(s) for the explicit purpose of effecting negotiated outcomes. It is a treatment approach to mental disorders that is intended to alleviate emotional distress, reverse or change maladaptive behavior, and facilitate personal growth and development" (American Nurses' Association, SCOPE AND STANDARDS, 2000, pages 20, 21, 38 and 39)

³ A qualified registered nurse who practices as a clinical nurse specialist is required to be registered with the Board as an advanced registered nurse practitioner (ARNP) if: 1) the practice is characteristic of an advanced practice registered nurse in psychiatric and mental health as described in the American Nurses Association's publication, and 2) the individual wishes to perform advanced registered nursing practice as defined in KRS 314.011 (8). A registered nurse who holds himself out as a clinical nurse specialist or is known as such, whose practice does not include the performance of procedures beyond the scope of registered nursing practice is not required to be registered as an ARNP.

including, but not limited to, counseling⁴ (individual, group and family counseling) and management of the therapeutic milieu, are within the scope of registered nursing practice.

Registered nurses who perform psychiatric-mental health nursing functions should be educationally prepared and clinically competent in psychiatric-mental health nursing, and should have documented evidence of completion of education which provides clinical practice and demonstrated competency in the performance of psychiatric-mental health nursing functions.

Registered nurses who perform psychiatric-mental health nursing functions should perform these functions according to a written facility policy, and a written nursing policy and procedure which are consistent with the definition of registered nursing practice [KRS 314.011(6)].

For guidelines on the roles of licensed practical nurses see Advisory Opinion Statement #27, "Components of Licensed Practical Nursing Practice."

Determining Scope of Practice

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be purchased from the Kentucky Board of Nursing office or downloaded from the KBN website at <http://kbn.ky.gov>.

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⁴ Counseling. In psychiatric-mental health nursing, the aim of counseling is to focus specifically, and for a limited period of time, with a patient, family, or group, on a problem representing an immediate difficulty related to health or well-being. The patient's issue is investigated using a supportive problem-solving approach, so that the experience may be understood more fully, integrated with other life experiences, and promote constructive personal change. (SCOPE, 2000, p.17)